**UNIVERSITY OF CALIFORNIA, IRVINE**

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO SANTA BARBARA • SANTA CRUZ

University of California, Irvine [Department Address-1]

School of Medicine [Department Address-2]

Department of [Department]

[Date-1]

[Candidate’s Name]

[Current Title]

[Current Work Address-1]

[Current Work Address-2]

RE: Tentative Offer Letter for Appointment to Health Sciences Clinical Instructor[/Fellow, if applicable]

Dear Dr. [Last Name],

We are writing to summarize our proposal and tentative offer for an academic appointment as Health Sciences Clinical Instructor[/Fellow, in the XXX Fellowship Program, if applicable], in the Department of [Department], in the School of Medicine. The proposed start date for this appointment in your academic department will be [Date-2]. The start date and appointment are contingent upon having a current unrestricted California Medical License, obtaining unrestricted privileges to practice medicine at the University of California, Irvine, and you remaining in good standing with your training program. You must be credentialed with all payors to be eligible to bill and collect revenue on your first day of employment. In addition, your offer may be revoked prior to or after commencement of employment should the University be made aware, through a background or reference check, or via other means, of information (e.g., Including but not limited to investigations, unreported disciplinary or quasi disciplinary actions) that you had previously failed to disclose and bear on your ability to successfully discharge the education, training, patient care and/or billing responsibilities of your position. The process of appointment will be initiated by a recommendation from the Department, which is then reviewed by the School of Medicine Dean’s Office. The decision to offer an academic appointment is made by the Dean of the School of Medicine.

The position of Health Sciences Clinical Instructor[/Fellow, if applicable] carries a base salary (X) of $[Amount]. In addition, you will receive a Health Sciences Compensation Scale [Scale #] (X’) in the amount of $[Amount] and a negotiated salary component (Y) of $[Amount], bringing your total salary to $[Amount]. [if applicable:] You will be expected to generate increasing revenue to cover this salary through clinical activity by appropriately documenting for billable services, or through contracts and grants. This salary will be effective through June 30, 20XX at which time we will review your compensation arrangement. You will be a member of the UCI Health Sciences Compensation Plan ([Health Sciences Compensation Plan](https://medschool.uci.edu/about/academic-affairs/health-science-compensation-plan)).

 (*Explain source of the negotiated salary component. Clearly specify the duration of commitments from the Department and plans for the faculty member to assume responsibility for the negotiated component from professional fees or other sources*.)

The Health Sciences Clinical Instructor title is used for physician/teachers supported by non-State funds. If their appointment is 51% or greater, they have the same retirement, health and other benefits as faculty in the line series who receive a base salary from state funds. Because of the source of funding, however, faculty in the Health Sciences Clinical Instructor title do not have tenure and their appointments are subject to review/renewal on July 1st of every year. Information about the Health Sciences Clinical Professor series may also be found in the Academic Personnel Manual ([APM](https://www.ucop.edu/academic-personnel-programs/academic-personnel-policy/)), specifically [APM - 278, Health Sciences Clinical Professor Series](https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-278.pdf).

When you are serving as a Health Sciences Clinical Instructor at the University of California, all clinical teaching, professional service activities, and patient care services must be provided within the University of California, Irvine or as part of an approved affiliation agreement or professional service agreement.

**Duties and Responsibilities**

As a faculty member in the Health Sciences Clinical Professor series ([APM - 278](https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-278.pdf)), your primary duties are (1) teaching, (2) professional competence and activity, (3) scholarly or creative activity, and (4) University and public service in an academic school/academic department.

[*If MOU will be included, please insert this language here:*  Please see the attached Memorandum of Understanding (MOU) for a detailed description of expected duties and responsibilities.]

Clinical Teaching and Professional Services Responsibilities

Your responsibilities will be to xxxxxxxxxxxxxxx.

Scholarly or Creative Activity Responsibilities

Your responsibilities will be to xxxxxxxxxxxxxxx.

University and Public Service

Your responsibilities will be to xxxxxxxxxxxxxxx.

**Office Space**

You will be provided an office space by the Department of [Name] in existing [Name] department space to carry out your responsibilities.

**Vaccination Policy**

As a University employee, you will be required to comply with all applicable University policies and/or collective bargaining agreements, as may be amended from time to time. Federal, state, or local government directives may impose additional requirements.

**Benefits and Opportunities**

You will find information about employee benefits regarding life, health, dental, vision and disability insurance as well as the University of California retirement plan online ([University of California Compensation & Benefits](https://ucnet.universityofcalifornia.edu/compensation-and-benefits/benefits-of-belonging.html)). We think you will find that the benefits package is excellent. If you would like more detailed information, please contact the Employee Experience Center at (949) 824-0500 or via email at eec@uci.edu.

We hope that the plans and commitments described above are acceptable to you. If they are, please indicate this by your signature below and return to me at [add Chair’s email] by [add date—e.g., 2 weeks from date of letter] and we will initiate the appointment process. Please contact me if there are points you would like to discuss.

[Name] Michael J. Stamos, MD

Chair, Department of [Department] Dean, UCI School of Medicine

I agree to the terms of this letter and will accept the faculty position if it is offered.

[Candidate’s Name], [Credentials] Date

\*The policies and procedures pertaining to the employment relationship between academic faculty and the University of California are published in the Academic Personnel Manual (APM): [Academic Personnel and Programs](https://www.ucop.edu/academic-personnel-programs/academic-personnel-policy/index.html).

cc: Geoffrey Abbott, PhD, Senior Associate Dean of Academic Personnel, SOM

John Gross, MD, Vice Dean for Faculty & Clinical Affairs, SOM

Jami Holland, Director of Academic Affairs, SOM

Martha Graciano, Executive Director of Finance, SOM

[Full Name], CAO, Department of [Name], SOM